

# EARLY IDENTIFICATIONS AS ARCHAIC ELEMENTS IN THE SUPEREGO

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In a paper "On the Narcissistic Object Choice in Women" (19), I have tried to show that it appears useful to distinguish between the superego, as the later and more reality-syntonic structure, and the ego ideal as the earlier, more narcissistic one.

Briefly, I outlined the distinction between identifications with parental figures seen in a glorified light, which are based on the child's longing to share or take over the parental greatness in order to undo his own feeling of weakness, and identifications resulting from the breakdown of the oedipus complex. The former represent the ego ideal; the latter, the superego. Or one would say: the ego ideal expresses what one desires to be; the superego, what one ought to be. In this paper I shall attempt to elaborate further on this concept and to clarify it with the help of some clinical material.

Freud's original conception of the ego ideal goes beyond what is usually understood by superego in psychoanalytic literature. Most frequently, superego is equated with conscience. In "On Narcissism: An Introduction" Freud (7) says that man creates ideals for himself in order to restore the lost narcissism of childhood. By internalizing the parental demands and living up to them, the narcissistic hurt caused by the critical attitudes of the parents is being undone and narcissism restored. However, the original, wider concept of the ego ideal leaves room to include other, more direct ways of correcting painful feelings of inadequacy and weakness, which will be discussed later. It should be

mentioned, first, that Freud's idea of the superego is not identical with conscience either.

The superego is a complex structure. Most conspicuous, of course, is usually the identification with the moral side of the parental personality, which is used for the repression of the oedipal strivings. It can be a positive identification (you should do as your father—your mother—did) as well as a negative one (you must not do—or not do everything—your father did). But identifications can as well represent a substitute for the (oedipal) love objects that have to be relinquished, as for objects of aggression which are eliminated by putting oneself in their place. Thus, character traits of the parental figures are taken over which are no longer directly connected with the task of instinct mastery.

The choice of identification used for the formation of the superego is determined, as Freud (10) stressed in *The Ego and the Id*, by the degree of bisexuality present and also by the pre-genital history. The instinct-restraining identifications, in their task of restricting incestuous genitality, become fused with earlier ones directed against pregenital indulgence. The aforementioned later identifications with parental figures, which substitute for the parents as objects of love or aggression, become fused with more primitive, earlier identifications that occur usually during pre-genital and preoedipal periods, often at a stage of considerable ego immaturity. Normally a modification of the earlier, more primitive identifications takes place through their fusion with the later ones.

It is self-evident to us that the superego identifications retain, throughout life, their special form of differentiated structures within the ego. We are used to think of earlier identifications as ego identifications; i.e., as identifications which are completely integrated into the ego, and which do not lead to a differentiation within the ego. It is the aim of this paper to show that even early identifications do not always result in such a complete integration. Early identifications with parental qualities which are envied and admired may take place in order to undo a narcissistic hurt. They may be represented by a longing to be like the idealized parent and may lead not at all, or only in a certain degree, to a personality

transformation in the desired sense. These longings must be described as ego ideals. The ego is measured against them, and self-esteem depends on the distance between them and the ego; just as, later, on the distance between ego and superego. It depends upon the level of ego development reached by a person whether or not this measuring between ego and ego ideal will result in attempts to achieve realization of these ideals. On a primitive level of ego development, such ideals may express themselves predominantly via imaginary wish fulfillment: as narcissistic fantasies. This is the more primitive method, referred to before, of restoring injured narcissism.

Narcissistic fantasies in which one sees oneself big, powerful, a genius, etc., vary in their degree of *Ichzugehörigkeit* (belonging to the ego). Sometimes they represent only a pleasurable pastime; they may, e.g., be an element of masturbation fantasies that is taken up during periods of sexual excitement. But frequently they are an essential, permanent element of the personality, against which the ego is measured. Only in this case can one consider them ego ideals.

The origin of accentuated narcissistic ideals appears to be twofold.

1. Sudden threats to narcissistic intactness necessitate the formation of a narcissistic ego ideal. Particularly strong castration anxiety causes the main part of the libido to be withdrawn from love objects and to become concentrated upon the ego. This leads to the formation of grandiose ideals which indicate what one would want to be like. In such cases the ideals are frequently characterized by phallic features; moreover, it is as though only the most overwhelming grandiosity were enough to ensure phallic intactness. For this purpose, early identifications with grandiosely seen parents often are revived.

2. Early identifications can also persist throughout childhood. Such identifications take place at a time when the infantile ego is weak and when fusion with the strong parental object, or a magic taking over of its strength, occurs for the purpose of undoing the feeling of insufficiency in the child. The primitive identifications of that early period are of a peculiar, "superficial" nature; i.e., they

are transient and changing. The child simply imitates whatever attracts his attention momentarily in the object. Such imitations express in a primitive way the child's fantasy that he *is the object* or, later, that he is like the object. A definite wish to be like the object presupposes a realization of the own self and the object as distinct and different entities. Normally these passing identifications develop slowly into permanent ones, into real assimilation of the object's qualities. This is a sign of growing ego maturity. On the other hand, this assimilation of the qualities of the identification object can only be partial. In many respects the child cannot be fully like the adults. There normally develops a faculty for self-evaluation and reality appreciation, which enables the child to recognize certain aspects of the parental images as something he has not yet reached but wishes to become. Here we see a type of ego ideal—we might call it the normal one—which will lead to attempts gradually to bring about a realization of these aims, as soon as the individual's growing strength and capacities will permit it. This presupposes that the parental image becomes divested of its unrealistic, grandiose, infantile aspects and is reduced to human proportions. A clinging to the original scope of the image indicates a fixation on or regression to an early level of ego development; i.e., mature reality testing has not been fully reached or has been partly given up. Via identification with the aggrandized object, omnipotence can be attained for the own self. The overvaluation of the object thus serves as a detour to obtain otherwise unreachable magnificence for the own ego.

In more pathological cases, however, the primitive form of identification is not outgrown. Instead of solid identifications being formed, imitative ones persist or, at best, there develops the wish to be like the object, with awareness that this stage is not yet reached. But in contrast to the aforementioned normal development, there is not even an impulse to translate these fantasies into reality. The ability to achieve these goals in reality is lacking, as frequently there is no capacity to stand tension, to wait and bring about gratifications via effort and concentration. Gratification of desires must be instantaneous and can only be obtained through

wish-fulfilling magic. In addition, a clinging to the unmodified, infantile, grandiose parental images is prevalent in such cases.

Under such conditions the narcissistic fantasy remains a permanent, important part of the personality. These ego ideals thus are unattainable; either they are unrealizable *per se*, because they are too grandiose and set too high a goal, or the step from fantasy to reality cannot be taken. Either situation results in a permanent state of unsatisfied narcissism; i.e., in an intense feeling of inferiority and, not infrequently, states of depression of varying intensity. Or, if the ego level is a more primitive one, reality testing may be partly relinquished and a condition may prevail which might be described as a state of partial and temporary megalomania. Such persons feel as if they really were whatever their narcissistic ideal may be, and this despite not having lost contact with reality. To give an example: A patient who on account of his infantile ego and neurotic difficulties did not succeed professionally, would spend hours practicing an "important" signature like that of a banker. Although well aware of all his failures in reality, when penning his signature, he felt gratified, as if he were the president of a bank.

It is this condition of partial and temporary megalomania, on the basis of a pathologic ego ideal, which is the topic of this paper.

Frequently, narcissistic ego ideals become conspicuous only in puberty. It appears that under the increased pressure of conflicts at puberty the aforementioned withdrawal of libido from dangerous objects to the ego takes place, in order to undo the heightened danger of castration as a consequence of pubertal masturbation. Narcissistic ideals of the described compensatory, grandiose, phallic character are now developed or regressively revived. This implies that object-libidinal strivings are regressively replaced by identifications of the abovementioned early infantile kind.

The ego ideals of puberty, though, are normally a mixture of such early identifications and various superego elements. The persistence of narcissistic ideals in their original form points to the presence of more or less severe pathology. However, traces of the

narcissistic identifications can be discerned in the normal superego.

Among these residues of earlier identifications—these “archaic” elements, as I should like to call them—I shall concentrate upon the positive, grandiose elements only. This obviously is a somewhat arbitrary limitation, adopted only in order not to transgress the scope of this publication. The instability of early images—the sudden transformation of a “good” object into a “bad” object, with all the serious consequences such a change involves for the early identification and the narcissistic equilibrium—thus is omitted here deliberately. It should be stressed, furthermore, that evidently ego ideal and superego are most often fused, overlaid and intertwined to such a degree that the differentiation between the two structures becomes rather theoretical. On the other hand, it appears that any attempt to come to an understanding of narcissistic nonpsychotic states necessitates the concept of the ego ideal.

While a prevalence of narcissistic ego ideals leads to such serious pathology that it cannot be overlooked, milder cases frequently remain unnoticed. The admixture of unmodified narcissistic “ego ideal” elements into the superego often is expressed by a feeling of full identity with the ideal, without sufficient ego transformation and real achievement. Such feelings are not too easy to grasp in analysis. When they can be reached, they impress one as a slight confusion about the own self. It is as if a narcissistic fantasy about the self had become fulfilled, as if the narcissistic aims were reached, and the distinction between fantasy and reality could not be made in certain circumscribed areas. Any objectivity toward the own self is lacking. Frequently, however, these feelings are well covered and do not find any conspicuous expression. Also, such feelings may be transitory, may be the immediate response to a specific situation—e.g., to the danger of a break-through of incestuous impulses—and thus may represent regression to early identification as a defense.

I shall try to substantiate this conception of archaic superego elements by clinical material from two different cases. The first of these illustrates how, under the impact of the castration complex, early narcissistic identifications are regressively revived and in-

cluded into an otherwise normal superego. In the second one, the particular childhood history makes an abnormal development of identifications self-evident and clearly demonstrates the causes for the formation and persistence of a pathological ego ideal.

### *Case I*

The first case is that of a bright and talented young man who came for treatment because of phobic and conversion-hysterical symptoms. In the analysis his symptomatology became revealed as the expression of pathologic identifications which were an outcome of the oedipal conflicts of childhood. The most important conversion symptoms consisted in hysterical sinusitis and colitis, combined with a great deal of hypochondriacal concern about illness. Moreover, the patient was afraid of collapsing as he walked on the street, particularly when walking through the "canyon-like" streets of Manhattan, of falling out of windows, getting stuck in the subway, etc. The fear of illness led to his mother, who was always hypochondriacally concerned about her own health. She never left the house without "smelling salts," because she might collapse in the street. The father—an outstanding man, intelligent and capable—was a busy obstetrician whose office was located in the family home. From early childhood on, the boy had seen many pregnant women. He knew his father operated on them; he had heard them scream in his father's hospital. He understood the medical activities of the father as being sexual and sadistic. The father cut and hurt the women; but it was he, also, who made the babies for them. The father, therefore, was seen as being promiscuously sexual. Thus the boy concluded (not without sound psychological insight) that the mother's illnesses were likewise a reaction to his father's "brutality." On the other hand, to be sick, to be fat, to be pregnant, was caused by having eaten something bad and being constipated. Pregnancy and illness thus had also a pre-genital origin. This he inferred from the behavior of the mother, who was forever warning about unwholesome food and was mostly interested in feeding and purging her children, alternating these attentions between the patient and his two older sisters. The patient's concern about illness represented a pregnancy fantasy

which was expressed as "being stuffed up with pus at both ends." This same pregnancy fantasy was also expressed in his extreme obesity, a condition lasting from his fifth year until the age of seventeen, when he was in college and cured himself of this affliction by means of self-prescribed, drastic therapy: he lived on crackers and apples for three months.

The onset of the obesity (i.e., of his feminine identification) coincided with the breakdown of his oedipal strivings, comparable to a very conspicuous announcement of what had happened. It is necessary here to give a brief account of his oedipal history. The child's relationship to his mother, who was affectionate and protective, appeared to have been a very positive one, with predominant oral strivings centering around fantasies of eating and being eaten by the love object. There were memories of very early fears (at the age of two) of falling into a well in a courtyard in the country, of falling into an excavation for the subway, which led in a straight line to later sexual anxieties. When as a young married man, awakening from sleep, he wanted to have intercourse with his wife, he had the terrifying image of falling into an abyss. The aforementioned phobic symptoms, referring to the canyon-like streets of Manhattan and to falling out of a window, also belong here.

He remembered a slightly later incident. While spending the summer with his mother on a farm in the absence of his father, when he was three, he entered the dining room ahead of the others and consumed an entire dish of "crullers" which was intended for the whole party. "Crullers," he assured me, were some kind of rolls baked in fat that looked exactly like female genitals. (Having two older sisters with whom he was bathed in one tub, he had had ample opportunities to make his observations.) He became violently ill following this feat and thereafter retained an eating disturbance, keeping away from everything that was greasy, mushy, without definite structure; such as stew, liver, kidneys, etc. He also developed a disgust in regard to "oriental," i.e., Jewish, women (the patient is Jewish) because they are "like dipped in oil." Various anxieties about becoming sick from bad food persisted from then on. These anxieties, pregenital as far as the underlying



strivings were concerned, were also strictly preoedipal. They took place between himself and his mother; the father did not yet appear to be a rival. These anxieties did not cause the child to give up the mother as an object but to proceed, at least partly, to a new sexual level.

At the age of four, again alone with his mother and sisters, he spent a summer at the seashore. He now became interested in seeing them exposed; the mother's curves became very attractive. At night he shared a big bed with the mother. While she slept, he pressed his body against hers and finally crept under the blanket and touched her pubic region with his lips. Or, possibly, this was the content of masturbation fantasies; play with his genitals appeared at that time. But after his return to the city the father was seen for the first time as a rival. The boy not only became aware of the father's medical-sadistic activities and terribly anxious about them, but also, sharing the parental bedroom, he now noticed love scenes between the parents at night. In the analysis he remembered his rage against the father, his wish to do away with him, to walk over to the mother's bed himself. (His later "fear of walking" had one of its roots here.) During the day he was still completely alone with the mother, his sisters being in school. Helping her with the housework, he had the fantasy that while allegedly engaged in innocent occupations they would indulge in love play as on the seashore. Such fantasies also accompanied masturbation. He believed he remembered having being caught masturbating by the father and shrinking in panic, probably a screen memory representing an anxiety dream. One terrifying experience, however, brought his fantasy and his masturbation to a traumatic ending. When he was five, both he and his older sister were taken to the father's hospital for tonsillectomy and were operated upon in the actual delivery room. He remembers his terror when the ether cowl was brought to his face. After this operation he was convinced he was castrated and no longer a boy. His masturbation and undisguised fantasies about the mother stopped. Instead, he began to please her in a more infantile way. He started to overeat and soon developed the aforementioned obesity. He gave up his aggressive genitality and regressed into his recently relinquished orality.

But he also now became identified with the sickly mother and the pregnant patients, the only possible sexual position being the feminine one in relation to the father.

At this point features of a strong paternal superego developed, which will be described later. These enabled him to enter a rather normal latency period, characterized by good functioning in school and the development of rich intellectual sublimations.

With the resumption of masturbation in adolescence, the hypochondria, the guilt feeling, the sexual and by this time also social inhibition grew and interfered more and more with his life; until finally, confronted with the demands of adult sexuality and adult masculine mastery of life, he broke down. He was a brilliant student; but after graduating *summa cum laude* from Harvard, he became overwhelmed by a feeling of hopeless inferiority and worthlessness. For a period of several years, instead of entering a profession or otherwise preparing a life for himself, he "loafed" on the living-room couch in the parental home, reading voraciously and masturbating abundantly. When he finally began to work, in a field connected with creative artistic production, he could do it only under a very special condition: he had to work anonymously, hardly making a living, acting as a ghost writer for various well-known and recognized friends who gathered laurels and money via his secret production. It was only after a number of years of analysis that he could come into his own.

The meaning of this behavior became clear in analysis. As a boy he had been intensely interested in his father's profession, full of curiosity, reading the father's medical journals at an incredibly early age, obviously eager to step into his shoes and to outdo him. That in his early childhood the father's medical activities were understood as completely sexualized, has already been indicated. But when urged by his family to study medicine, he could not do it, choosing, instead, the sideline of the father who as a hobby interested himself in the arts and acted as a patron to a group of struggling artists. Reduced to following this sidetrack, the patient developed considerable talents and made extremely high demands on himself in regard to the level and perfection of his production. However, even this substitute had to be pursued furtively; he had

to leave the rewards to a father figure. It was as if he could identify with the father in his brilliance, but success was reserved for the father. He was able to identify with him in relation to effort but not in relation to gratification.

After he began to work, his sex life, which thus far had been restricted to masturbation, also underwent an extension, although not without disturbances. He now could approach girls, but only under special conditions. That is to say, when they were in need of comfort, help, love, he was able to please them—even with his penis. He would then be their rescuer and support; he made love purely “altruistically.” His erective potency was good. It was very important to give the woman an orgasm, but he himself had no sensations whatsoever. To quote his own description of the situation, he had to be “a knight on a white horse, who used his lance only to protect helpless women.” Here again, as we can see, he is identified with his father, but in a negative way. The father, in the child’s view, had lacerated women with his penis-scalpel.

This by no means complete description of the patient’s symptomatology and behavior permits us some insight into his personality and superego structure.

The superego of the patient was a complex structure. Predominant was an identification with a strict and punishing father who did not tolerate the son’s sexual or aggressive transgressions. From the fifth year on and until the analysis, there existed an intense guilt feeling which came to a peak during the period of “loafing.” He felt that he was “a monster,” “a goilem,” “had a rotten core,” “was in constant danger of a breakdown of moral values.” This last phrase, of course, was an adult way of expressing his concern that warder-off (incestuous) sexual impulses might break through. The “rotten core” came from having eaten something bad, which expressed a sexual wish and the guilt reaction against it, clad in pregenital language. The “goilem” and the “monster” represented the danger of breaking out with uncontrolled, sadistic, sexual impulses. At the same time they indicated a feeling of already having been punished for incestuous crime by castration, and of being found out.

This identification with the strict father expressed itself in his high moral standards.

The negative side of his father identification has been mentioned already: where real gratifications are involved, he was forced to resign. Sexuality, success and money are reserved for the father. While the father was sadistic, the patient was good. Thereby he not only warded off the forbidden identification with the sexual father, but he also outdid him. He expected to be preferred by the mother—by women—for his goodness, in competition with the father. But at the same time the knight on the white horse, who used his lance only for healing purposes, is by no means a completely masculine figure: he also wanted to act as a protective, loving mother equipped with magic powers, who, when the child has hurt himself, kisses and blows the pain away. The second meaning of this feature of the ideal had become richer in content and detail in the course of time. Already in adolescence there were fantasies about having a house of his own, furnished in the most exquisite taste, in which he as a bachelor received guests for elaborate meals cooked by himself. He wished to surpass the mother's more simple tastes in her own field. To be the one who gives and feeds in the most refined way became most desirable. From the direct oral field, this fantasy expanded to many others. He wanted to be the one who guided and advised everybody else. He succeeded in creating a large circle of friends. His efforts in their behalf grew into a twenty-four-hour job. He tried to become their "therapist," to give them money, to advise them in love affairs, to provide jobs, find apartments, arrange trips, procure unobtainable theater tickets, to offer the most important ideas for their creative work, and so on. Here again, as in his work as a ghost writer unknown to the world, he was the creator of other people's fame and happiness. With this behavior he lived up to an ideal of an omniscient, all-powerful, all-giving mother. Thus the negative father identification coincided with this very special form of mother identification. He was identifying here with the loving, protecting mother whose main interest in life was the family's food, health and happiness. Although the father was the physician, it was she who doctored the children when they were sick, who was the

helper, while the father was seen as the sadist. This image of the mother contrasted sharply with the one underlying the patient's hysterical symptoms in which he identified with the sexual mother, i.e., with a suffering, mistreated, sick and pregnant one.

The image of the protecting and giving mother originated before he became involved in his oedipal, sadomasochistic fantasies. Oral and anal patterns, feeding and giving, seemed to predominate. In the foreground was the relationship to the child, for whom she could do anything. In view of the long history of oral strivings toward the mother this pregenital colorization of the early image was not surprising.

Most striking in this ideal were the megalomaniac traits. The patient felt himself to be omniscient and omnipotent—in the interest of others. Whatever anxieties and feelings of inferiority plagued him, via this identification, they were undone. His behavior and character pattern had been formed after this ideal. Though to a large degree able to live up to the inner demand, he obviously was not really in a position to accomplish all of these fine tasks. Very gratified for a time to be a member of a large organization that placed all kinds of technical and other facilities at his disposal (e.g., a private telephone line with Washington, etc.), he felt the powers of this organization to be his own. However, this feeling of being all-powerful was not confined to such realistic situations. Separated from the support of the organization, he soon developed the same feeling of omnipotence which now surpassed by far his real possibilities of accomplishment.

On the other hand, the conditions for the development of this feeling could be studied during periods of utter helplessness that occurred after separation from his mother. For instance, when after years of clinging to the mother he finally married and moved away from the family home, he felt angry with the mother and the analyst because they did not help to furnish his new home, to find domestic help, to locate a cleaner and a laundry. It was as though without the mother he could neither feed himself nor keep himself clean. Shortly thereafter, he again took over. His home became the center of his circle, and he felt once more as though he were running a private social agency. The process is obvious: after

the loss of the object, which was seen in a predominantly pregenital light, he identified with it, and with this identification the helplessness changed into grandiosity.

In this grandiosity—and this is really my point in presenting this lengthy case history—the otherwise very well-developed faculty of the patient for reality testing and self-evaluation gave way. We are here faced with the narcissistic core of the superego; here his infantile feeling of omnipotence was preserved or, better still, revived. However, and we shall also find this to be true in the second case I intend to describe, a certain fluidity of the megalomaniac feeling was present. What at times was an inner conviction of his own greatness, became at other times an inner demand, and the differentiation between ego and ego ideal were re-established. Thus the megalomaniac feeling was transitory. It was contradicted here not only by the ego, that is by the reappearing sense of reality, but by other parts of his superego which, for instance, caused him to see himself as a “goilem.”

Such conflicts within the superego are by no means unusual. It has been mentioned before that the superego is a composition of various elements of identifications. Normally a fusion takes place between these various elements. The failure completely to achieve such a fusion facilitates the changes between megalomaniac and deeply self-critical moods.

One could ask here why this identification is considered an ego ideal. Indeed, to a large degree we are dealing with an ego identification. He actually behaved toward his friends as his mother behaved toward him when he was a young child. To this identification, however, an element was added which was not reality-syntonic; namely, the omnipotence which is ascribed to the mother. This early image of the all-powerful, pregenital and pre-oedipal mother was used to counteract the terrifying later image of the sick, suffering, pregnant mother with whom, as his symptoms proved, he was also identified. When he thus could no longer feel as a man, he could at least identify with the powerful mother of early childhood and thereby counterbalance his identification with the castrated one. To serve this defensive need the mother

was idealized, and very early images of her were used for the purpose.

These very early images of the mother appear to belong to periods of ego immaturity in which clear reality testing and an objective awareness of what the mother really was or did were not yet possible. Furthermore, the child cannot yet clearly differentiate between himself and the object. Frustrations may easily be undone by giving up the awareness of separation from an object and becoming again one with the object. The patient in his longing to identify with the idealized mother, could not realistically become like her; i.e., become identified with her in his ego and become as grandiose as he sees her. This must remain a narcissistic desire, an ego ideal. The faculty to evaluate himself realistically and to know that he wanted to be like this ideal, but that he could not be like it, could easily be abandoned. Magically he could become one with this ideal. He was prone to regress temporarily into those phases where the mere wish already stood for fulfillment. Such periods became noticeable in his behavior when he indulged in bragging and exaggeration about his power and accomplishments. On the other hand, this regressive, megalomaniac pattern appeared only as an admixture to his otherwise reality-syntonic mother identification. It appears that the traces of megalomania in the normal superego are based on the regressive revival of the mechanism of flowing together with an idealized object. It is likely that the clinging to such an ego ideal is mostly motivated by defensive needs.

The fluidity of the differentiation between ego and ideal, the easy revival of the mechanism of undoing the separation between self and powerful object, the loss of ability to distinguish wish from fulfillment, the temporary disintegration of reality testing, are the decisive characteristics of these primitive structures which I would prefer to call narcissistic "ego ideals" in contrast to the normal superego. When in pathologic states, as for instance in manic triumph, a dissolution of the superego occurs, we may speak of a regression of the superego into more primitive ego ideals.

This fluidity of ego differentiations is regularly found in so-

called "narcissistic personalities." Undoing of the differentiation becomes the basis for exorbitant self-esteem; its reappearance leads to the outbreak of "narcissistic anxieties," like fear of being inferior, overconcern with other people's thoughts about oneself, etc.

The faculty for regressive undoing of ego differentiation is based upon fixation at early levels of ego development. The patient I have just described, although reaching the genital level, was characterized by a definite fixation on an oral level. He was able to achieve a far-reaching desexualization of his pregenital trends, resulting in a well-sublimated form of character structure. The ability regressively to revive former ego states was the only residual ego weakness stemming from his early fixation on an oral level characterized by not yet stabilized ego boundaries.

The pathology of the ego ideals becomes more conspicuous in cases where the disturbance of ego development is greater. Not only the megalomaniac aspects of the ideal are pronounced, but frequently the ideals show bluntly unsublimated sexual features. Thus the discrepancy between reality and ideal content is widened. The most frequent form of such unsublimated ideals is to be found in the wish—respectively, in the feeling—to become or to be a penis with the whole body. Here an identification has taken place—again characterized by fluid frontiers between ego and ego ideal—with a glorified parental phallus. Such an identification is a very primitive one. A part of the parental body, the sight or touch of which causes excitement, is acquired, so to speak, by becoming it. Lewin (17) believes that this fantasy is always based on oral incorporation. Phyllis Greenacre (11), if I understand it correctly, indicates in her paper, "Vision, Headache and the Halo," that premature exposure to the sight of an erection may lead to idealization of, and identification with, the phallus.

Such a primitive identification precedes the ability to integrate into a person various impressions emanating from the object. It is based on awareness of a *concrete* thing, the organ. Ability to identify with qualities of the object apparently presupposes a greater differentiation of perception, greater complexity of re-



sponse, in short, a higher level of ego development. Such an identification is almost an id response and not yet an ego mechanism; its pleasurable, sexual character is conspicuous. Here no sublimation of blunt, sexual features was possible. Identifications on this primitive level obviously can take place only via infantile methods, i.e., via wish-fulfilling fantasy. If they persist in their original form, they cannot lead to any real ego transformation but must remain isolated structures (ego ideals).

Preconditions for the persistence of these primitive identifications are disturbances of the development of the ego as well as of object relationships. Thus some particular sexualization of the relationship between parent and child—early seduction, for instance—may express itself in this way. Most frequently such ideals are regressively used for the purpose of warding off castration anxiety. In the service of these defensive needs the identification with the glorified phallus may acquire moral values. It may be used, for example, in the struggle against masturbation. A fusion may take place of this ideal and identifications with instinct-restricting figures of later times. For example, I remember a patient who during adolescence, in a desperate struggle against masochistic homosexual impulses, wanted to feel and felt his whole body become stiff and hard like the statue of George Washington. Needless to say that in such cases the afore-described grandiosity is also present.

### *Case II*

I shall outline, very briefly, a fragment from a case history which will demonstrate this fusion as well as the genesis of the pathologic ego ideal. It will also illustrate the further complication, resulting, in such cases, from a combination of these primitive ego ideals with superego elements of particular cruelty.

The patient was a young woman of good intellectual endowment who had achieved a promising career as a teacher. She came to analysis because of various anxieties of the narcissistic type and masochistic behavior. Under the anxious and self-effacing surface, feelings of grandiosity soon became evident. She felt that she was a genius; that she would “suddenly reveal herself and stand out

like an obelisk"; that whoever knew her looked up to her. Whatever she did was experienced as quite an extraordinary achievement for which other people would admire her. She felt sure people would envy her for whatever she had.

On the other hand, these megalomaniac feelings were transitory. Frequently, she felt unwanted, deprived, guilty about being selfish and greedy; thus she wavered between her feelings of grandiosity and an awareness that she was not as grandiose as she wanted to be. At such a time the grandiosity was an ideal against which she measured her ego, while at other times she could not distinguish between wish and reality.

An only child, born a few months after her father's sudden death, she grew up with her mother and the maternal grandparents. A short time before her father's death, the mother's only brother, a very attractive and gifted young man, had also died of a sudden illness. The father had no siblings; thus, she was the only remaining offspring of the family. Her young mother refused to marry again and devoted herself exclusively to the child, on whom she showered her whole pent-up love and affection. The child was treated as the most precious and wonderful thing in the world; that is to say, her own narcissism was overstimulated. From early childhood on there was the demand: you are to substitute for the dead father and uncle. There was an early awareness of the existence of the phallus, as the grandfather had exposed himself before her. The child's sexual theories were, of course, influenced by the complicated family situation. Moreover, there was a predominant oral fixation. She imagined that the mother had devoured the father in the sexual act, which was equated with having castrated him through biting off the penis. She (the patient) was the father's penis—or the dead father or uncle come back. The intellectual and other outstanding qualities of the deceased father and uncle became fused for the child with the overwhelming impression of the grandfather's genitalia, and with her fantasies about the paternal phallus, at a time when her libidinous level was still an oral one and the state of her ego development correspondingly primitive. In her fantasy she offered herself to the family as a love object to replace those they had lost. This was

a highly gratifying sexual fantasy, but at the same time she felt that the family demanded from her the replacement of the dead son and husband. Thus the moral and the sexual aspects became hopelessly confused. In contrast to the normal course of superego development, symbolic sexual gratification and narcissistic self-aggrandizement became the content of a moral demand.

The admiration which mother and grandparents lavished on the child increased the little girl's narcissism and directed her interest to an enormous degree upon her own body, thus serving as a narcissistic seduction. Hence the development of ego controls became almost unnecessary and greatly retarded. Acceptance of unpleasant reality was refused for a long time and a readiness preserved to undo any kind of frustration by fantasy wish fulfillment. The persistence of the identification with the glorified phallus demonstrates that she never fully succeeded in overcoming infantile methods of self-esteem regulation.

Any desexualization of the fantasy became impossible. No stable identification with nonsexual qualities of the objects could be attained, since the child was, after all, trying to identify with objects that existed in her fantasy only. The normal impact of reality on this fantasy object, which would have helped to achieve some degree of desexualization and also to reduce to normal size the figure of the father that was seen in such supernatural dimensions, was absent in this case—hence the unsublimated phallic character of the ego ideal and its megalomaniac scope. She wanted to be a phallus with her whole body (“standing out like a tremendous obelisk”), which equaled being a creative genius of monumental proportions, admired by everyone around her.

These fantasies, however, were contradicted by her awareness of being a girl. The lack of a penis was experienced as a terrific trauma which caused her to cling even more tenaciously to this overcathected identification with the father-phallus as such. Thus oral-sadistic impulses were regressively intensified. On the other hand, fear of loss of the mother's love led her to develop strong reaction formations. Finally, this ruthless, pregenital aggressiveness was turned against the self as a relentless superego. This became combined with the megalomaniac, phallic identification.

The end product was a poorly integrated mixture which resulted in the oscillations of self-esteem described above.

This particular pathology of the superego can be considered typical. When early identifications with unsublimated sexual behavior have taken place and sexual characteristics as such remain an ego ideal, a fixation on or regression to primitive, aggressive, pregenital levels is frequent, which leads to a persistence of particular, cruel superego forerunners. This combination of opposite factors—of megalomaniac, sexualized ideals and of particular, sadistic superego elements—must lead to a type of superego which cannot possibly be lived up to in reality. The described vacillations of self-esteem, which result from an instability of the ego structure, from a wavering between transitory megalomaniac illusions about the self and the regained capacity to distinguish between fantasy and reality, become considerably increased by the admixture of cruel, primitive superego elements. Therefore, megalomaniac states will alternate with periods of intense self-devaluation, which may indicate a pathology of the borderline type.

#### SUMMARY

The revival or persistence of an early identification within the structure of the later superego imbues the personality with characteristics of the ego level on which the identification was originally formed, like unstable ego boundaries, confusion between ego and object, between wish and reality. In more regressed cases, the picture is complicated by an admixture of sadistic superego forerunners as well as of crudely sexual ideals. Such superegos are marked by inadequate integration which expresses itself in continual vacillations of self-esteem. In our not too precise analytic language, we frequently speak of such persons as narcissistic.

Finally it should be stressed that a narcissistic type of this kind was already described very early in the psychoanalytic literature, long before the publication of Freud's papers on ego psychology. I am referring here to an essay by Ernest Jones (16), "The God Complex," in which the narcissistic personality is conceived as

the result of identification with a father figure that is seen in an infantile light.

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